

PART B - FEE(S) TRANSMITTAL

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23117 7590 09/06/2006

NIXON & VANDERHYE, PC
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(Depositor's name)

(Signature)

(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/889,745	10/15/2001	Anthony John Peach	GH-01383	8923

TITLE OF INVENTION: ROCK BORING DEVICE WITH AN OSCILLATING AND NUTATING ROTARY DISC CUTTER

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$0	\$0	\$1400	12/06/2006

EXAMINER	ART UNIT	CLASS-SUBCLASS
SINGH, SUNIL	3673	299-001050

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).	2. For printing on the patent front <i>12/07/2006 HMARZ12 00000005 09889745</i>
<input type="checkbox"/> Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.	(1) the names of up to 3 registered patent attorneys or agents OR, alternatively, <i>01 FC:1501</i>
<input type="checkbox"/> "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.	(2) the name of a single firm (having one <i>one</i> registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

ODYSSEY TECHNOLOGY PTY LTD

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Queensland, Australia

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

4a. The following fee(s) are submitted:

Issue Fee
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 The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 14-1140 (enclose an extra copy of this form).

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a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature PL

Date December 6, 2006

Typed or printed name Paul T. Bowen

Registration No. 38,009

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